

902 KAR 2:020. Disease surveillance.

RELATES TO: KRS 211.180(1), 214.010, 214.645, 333.130

STATUTORY AUTHORITY: KRS 194A.050, 211.090(3)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180 requires the Cabinet for Health Services to implement a statewide program for the detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled. KRS 214.010 requires every physician and every head of family to notify the local health department of the existence of diseases and conditions of public health importance, known to him or her. This administrative regulation establishes notification standards and specifies the diseases requiring urgent, priority, or routine notification, in order to facilitate rapid public health action to control diseases, and to permit an accurate assessment of the health status of the Commonwealth.

Section 1. Notification Standards. (1) A health professional licensed under KRS Chapters 311 through 314, and a health facility licensed under KRS Chapter 216B, shall give notification pursuant to subsection (3) of this section, if:

(a) The health professional makes a probable diagnosis of a disease specified in Section 2, 3, or 4 of this administrative regulation; and

(b) The diagnosis is supported by:

1. "Case Definitions for Infectious Conditions under Public Health Surveillance"; or

2. A reasonable belief that the disease is present.

(2)(a) A single report by a hospital of a condition diagnosed by a test result from the hospital laboratory shall constitute notification on behalf of the hospital and its laboratory.

(b) A hospital may designate an individual to report on behalf of the hospital's laboratory and the hospital's clinical facilities.

(3) The notification shall be given to the:

(a) Local health department serving the jurisdiction in which the patient resides; or

(b) Department for Public Health.

(4) The reporting professional shall furnish the:

(a) Name, birthdate, address, county of residence, and telephone number of the patient; and

(b) Clinical, epidemiologic, and laboratory information pertinent to the disease.

(5) Upon the confirmation of a laboratory test result which indicates infection with an agent associated with one (1) or more of the diseases or conditions specified in Section 2, 3, or 4 of this administrative regulation, the director of a clinical laboratory licensed under KRS Chapter 333 shall:

(a) Report the result to the:

1. Local health department serving the jurisdiction in which the patient resides; or

2. Department for Public Health; and

(b) Report the patient's name, birthdate, address, and county of residence; and

Section 2. Diseases Requiring Urgent Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within twenty-four (24) hours:

- (a) Anthrax;
- (b) Botulism;
- (c) Brucellosis;
- (d) Campylobacteriosis;
- (e) Cryptosporidiosis;
- (f) Cholera;
- (g) Diphtheria;
- (h) Escherichia coli O157:H7;
- (i) Escherichia coli, shiga toxin positive;
- (j) Encephalitis, California group;
- (k) Encephalitis, Eastern equine;
- (l) Encephalitis, St. Louis;
- (m) Encephalitis, Venezuelan equine;
- (n) Encephalitis, Western;
- (o) Encephalitis, West Nile Virus;
- (p) Hansen's Disease;
- (q) Hantavirus infection;
- (r) Hemophilus influenzae invasive disease;
- (s) Hepatitis A;
- (t) Listeriosis;
- (u) Measles;
- (v) Meningococcal infections;
- (w) Pertussis;
- (x) Plague;

- (y) Poliomyelitis;
- (z) Psittacosis;
- (aa) Q fever;
- (bb) Rabies, animal;
- (cc) Rabies, human;
- (dd) Rubella;
- (ee) Rubella syndrome, congenital;
- (ff) Salmonellosis;
- (gg) Shigellosis;
- (hh) Syphilis, primary, secondary, early latent or congenital;
- (ii) Tetanus;
- (jj) Tularemia;
- (kk) Typhoid fever;
- (ll) *Vibrio parahaemolyticus*;
- (mm) *Vibrio vulnificus*;
- (nn) Yellow fever.

(2) Weekend or evening urgent notification.

(a) If health department personnel cannot be contacted directly, notification shall be made by electronic submission or by telephone to an emergency number provided by the local health department or the Department for Public Health.

(b) For the protection of patient confidentiality, this notification shall include:

1. The name of the condition being reported; and
2. A telephone number that can be used by the department to contact the reporting professional.

(3) Upon receipt of a report for a disease specified in subsection (1) of this section, the local health department shall:

- (a) Immediately notify the Department for Public Health; and
- (b) Assist the department in carrying out a public health response as instructed.

Section 3. Diseases Requiring Priority Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within one (1) business day:

- (a) Group A streptococcal infection, invasive;

- (b) Hepatitis B, acute;
 - (c) Hepatitis B infection in a pregnant woman or a child born in or after 1992;
 - (d) Mumps;
 - (e) Toxic shock syndrome;
 - (f) Tuberculosis.
- (2) Upon receipt of a report for a disease or condition specified in subsection (1) of this section, a local health department:
- (a) Shall investigate the report and carry out public health measures appropriate to the disease or condition;
 - (b) Shall notify the Department for Public Health of the case, in writing, within five (5) business days; and
 - (c) May seek assistance from the Department for Public Health.

Section 4. Diseases Requiring Routine Notification. (1) Notification pursuant to Section 1(3) of this administrative regulation of the following diseases shall be made within five (5) business days:

- (a) Chancroid;
- (b) Chlamydia trachomatis infection;
- (c) Ehrlichiosis;
- (d) Gonorrhea;
- (e) Granuloma inguinale;
- (f) Hepatitis C, acute;
- (g) Histoplasmosis;
- (h) Lead poisoning;
- (i) Legionellosis;
- (j) Lyme Disease;
- (k) Lymphogranuloma venereum;
- (l) Malaria;
- (m) Rabies postexposure prophylaxis;
- (n) Rocky Mountain Spotted Fever;
- (o) Streptococcus pneumoniae, drug-resistant invasive disease;
- (p) Syphilis, other than primary, secondary, early latent or congenital; and

(q) Toxoplasmosis.

(2) Upon receipt of a report for a disease or condition specified in subsection (1) of this section, a local health department shall:

- (a) Make a record of the report;
- (b) Answer inquiries or render assistance regarding the report if requested by the reporting entity; and
- (c) Forward the report to the Department for Public Health within three (3) business days.

Section 5. Outbreaks or Unusual Public Health Occurrences. (1) If, in the judgment of a health professional licensed under KRS Chapters 311 through 314, or a health facility licensed under KRS Chapter 216B, an unexpected pattern of cases, suspected cases, or deaths which may indicate a newly-recognized infectious agent, an outbreak, epidemic, related public health hazard or an act of bioterrorism, such as smallpox, appears, a report shall be made immediately by telephone to the:

- (a) Local health department where the professional is practicing or where the facility is located; or
- (b) Department for Public Health.

(2) An instance of suspected staphylococcal or other foodborne intoxication or an instance of salmonellosis or other foodborne or waterborne infection shall be reported within one (1) business day, and shall include all known information about the persons affected.

(3) The local health department:

- (a) Shall investigate the outbreak or occurrence;
- (b) Shall carry out public health measures appropriate to the disease or condition involved;
- (c) Shall make medical and environmental recommendations appropriate to prevent future similar outbreaks or occurrences; and
- (d) May seek assistance from the Department for Public Health.

Section 6. Laboratory Surveillance. (1)(a) In addition to the reports required by Sections 1 through 4 of this administrative regulation, laboratory results shall be reported weekly for influenza virus isolates.

(b) The report shall include the:

- 1. Name, birthdate, address, and county of residence of the person with the disease; and
- 2. Specific laboratory information pertinent to the result.

(c) The format of the report shall be an alphabetical listing of each person for whom a report is submitted.

(2) Upon request by the Department for Public Health, a clinical laboratory within a hospital licensed under KRS Chapter 216B, or a laboratory licensed under KRS Chapter 333, shall report:

- (a) The numbers of isolates and information regarding the antimicrobial resistance patterns of the isolates;
- (b) At intervals agreed upon between the laboratory and the department, not less frequently than three (3) months, for the following:

1. *Staphylococcus aureus*;
2. *Enterococcus* species; or
3. Other organism specified in a request that includes a justification of the public health importance of the organism.

Section 7. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) Surveillance. (1) A health professional licensed under KRS Chapters 311 through 314, a health facility licensed under KRS Chapter 216B, and a laboratory licensed under KRS Chapter 333, shall report:

(a) A positive test result for HIV infection including a result from:

1. Elisa;
2. Western Blot;
3. PCR;
4. HIV antigen; or
5. HIV culture;

(b) CD4+ assay including absolute CD4+ cell counts and CD4+%;

(c) HIV detectable Viral Load Assay; and

(d) A positive serologic test result for HIV infection; or

(b) A diagnosis of AIDS that meets the definitions of AIDS established in:

1. "Adult HIV/AIDS Confidential Case Report Form"; or
2. "Pediatric HIV/AIDS Confidential Case Report Form".

(2) An HIV infection or AIDS diagnosis shall be reported within five (5) business days and, if possible, on the "Adult HIV/AIDS Confidential Case Report form" or the "Pediatric HIV/AIDS Confidential Case Report form".

(a) A report for a resident of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Jefferson County Health Department.

(b) A report for a resident of another Kentucky county shall be submitted to the HIV/AIDS Surveillance Program of the Kentucky Department for Public Health, or as directed by the HIV/AIDS project coordinator.

(3) A report for a person with HIV infection without a diagnosis of AIDS shall be identified in the following order by a Unique Identifier (UI) consisting of the person's:

- (a) Initials of last and first name;
- (b) Date of birth, using the format MMDDYY; and
- (c) Last four (4) digits of Social Security number.

(4) The following additional information shall be included with each report for a person with HIV infection without a diagnosis of AIDS:

- (a) Gender;
- (b) Race;
- (c) Risk factor, as identified by CDC;
- (d) County of residence;
- (e) Name of facility submitting report;
- (f) Date and type of HIV test performed;
- (g) Results of CD4+ cell counts and CD4+%;
- (h) Results of viral load testing;
- (i) PCR, HIV culture, HIV antigen, if performed;
- (j) Results of TB testing, if available; and
- (k) HIV status of the person's partner, spouse or children.

(5) Reports of AIDS cases shall include the patient's full name and the information in subsections (1) through (4) of this section; and

- (a) The patient's complete address;
- (b) Opportunistic infections diagnosed; and
- (c) Date of onset of illness.

(6)(a) Reports of AIDS shall be made whether or not the patient has been previously reported as having HIV infection.

(b) If the patient has not been previously reported as having HIV infection, the AIDS report shall also serve as the report of HIV infection.

(7) A physician or medical laboratory that makes a report under this section shall maintain a log with the name of the patient who tested positive and the unique identifier assigned.

Section 8. Reporting of Communicable Diseases in Animals. (1) Upon arriving at a probable diagnosis in an animal of a condition known to be communicable to humans, a veterinarian licensed under the provisions of KRS Chapter 321 shall report the occurrence within one (1) business day to:

- (a) The local health department in which the animal is located; or
- (b) If the local health department cannot be reached, the Department for Public Health.

(2) Upon the confirmation of a laboratory test result which indicates infection of an animal with an agent associated with a condition known to be communicable to humans, the director of a clinical laboratory licensed under KRS Chapter 333 shall, within one (1) business day, report the result to the:

- (a) Local health department serving the jurisdiction in which the animal is located; or

(b) Department for Public Health.

(3) The local health department:

(a) Shall investigate the report and carry out public measures for the control of communicable diseases appropriate to the condition;

(b) Shall notify the Department for Public Health of the occurrence, in writing, within five (5) business days; and

(c) May seek assistance from the Department for Public Health.

Section 9. Asbestosis, Coal Worker's Pneumoconiosis, and Silicosis. (1) A reporting provider shall submit the following information relating to a person diagnosed with asbestosis, coal worker's pneumoconiosis, or silicosis:

(a) Name;

(b) Address;

(c) Birthdate; and

(d) County of residence.

(2) A reporting provider shall submit the required information to the department within three (3) months following the diagnosis.

Section 10. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Case Definitions for Infectious Conditions under Public Health Surveillance, MMWR, May 2, 1997, Volume 46, Number RR-10", published by the Epidemiology Program Office, Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia;

(b) "Adult HIV/AIDS Confidential Case Report (CDC 50.42A, Revised January, 2000)"; and

(c) "Pediatric HIV/AIDS Confidential Case Report form (CDC 50.42B, Revised January, 2000)"; and

(d) "Control of Communicable Diseases Manual 17th Edition, An Official Report of the American Public Health Association, American Public Health Association, Washington, D.C., 2000". (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort, Kentucky, 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (CDS-2; 1 Ky.R. 187; eff. 12-11-74; Am. 2 Ky.R. 464; eff. 4-14-76; 11 Ky.R. 1518; 1786; eff. 6-4-85; 16 Ky.R. 663; 1185; eff. 11-29-89; 21 Ky.R. 128; eff. 8-17-94; 23 Ky.R. 3119; 3597; 4131; eff. 6-16-97; 27 Ky.R. 1099; 1489; eff. 12-21-2000; 29 Ky.R. 812; 1273; eff. 10-16-02.)